

ADVOCACY AUTHORIZATION

Pursuant to the Privacy Act, I respectfully request and authorize Congressman Mike Thompson or any member of his staff to act on my behalf, to receive and review agency correspondence, and to meet with appropriate individuals regarding my concerns.

SIGNED:_____ **DATED:**_____

PLEASE PRINT

NAME: _____	SS#: _____
ADDRESS: _____	Date of Birth: _____
_____	VA ID#: _____
TELEPHONE#: _____	INS#: _____
E-MAIL: _____	Agency: _____

BRIEF EXPLANATION

Please send all documentation, including this Advocacy Authorization, to the appropriate office:

CONGRESSMAN MIKE THOMPSON

Napa/Lake/Sonoma
1040 Main St., Suite 101
Napa, CA 94559
(707) 226-9898
(707) 251-9800 FAX

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Eureka, CA 95501
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Mendocino
430 N. Franklin St.
PO Box 2208
Fort Bragg, CA 95437
(707) 962-0933
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Yolo
712 Main St., Ste 1
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(530) 662-5272
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